

THIS SPACE FOR OFFICE USE ONLY

HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAS STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly) PART I LOBBYIST NAME(Last) (First) (Middle) TELEPHONE JAMES KURO1W4 (808) 845-3238 ISAMU, IR. MAILING ADDRESS (Street) FAX (808) 845-8300 PALAMA STICKET 1617 (City) (Zip Code) (State) HAWAN HOWOLULA 96817 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE HAWAN LIECTET (LAPROCERS'- FULLIONERS COORDONATION EMPLOYERS TRUST) (808) 845-3278 MAILING ADDRESS (Street) (808) 845-8300 1617 SUTTERT PALAMA (Zip Code) (State) Howan HONEOLULU. 96817

PART II ORGANIZATION NAME OF ORGANIZATION YOU LOB	BY FOR (Do not abbreviate)	. TELEPHONE
		TANCAMUM TANGO) (808) 845-3238
MAILING ADDRESS (Street)		FAX
1617 PALAMA SUN	ita.	(808) 845-8300
(City)	(State)	(Zip Code)
Hoxfocuru,	HAWSU	96817
NAME OF PERSON RESPONSIBLE FOR	PREPARING ORGANIZATION'S EXPENDITU	RES STATEMENT TELEPHONE
JAMES I. KUROIWA, JR.		(808) 845–3238
MAILING ADDRESS (Street)		FAX
1617 PALAMA ST.		(808) 845–8300
(City)	(State)	(Zip Code)
HONOLULU .	HI	96817

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY							
	Agriculture	Education		Human Services	/	Science, Technology & Economic Development	
	Communications & Public Utilities	Government Operations & Finance		Intergovernmental Relations, International Affairs		Tourism & Recreation	
1	Consumer Protection & Commerce	Hawaiian Affairs	_	Labor & Employment	/	Transportation	
	Culture, Arts, Historic Preservation	Health	/	Planning, Land & Water Use Management		Other: (indicate below)	
	Ecology, Energy Environmental Protection	Housing		Public Safety & Corrections			

PART IV CERTIFICATION OF LOBBYIST

TAILT OF	THE TEMPORAL PROPERTY OF THE P					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
James & X	(Signature of Lobbyist)	DECEMBER 29, 2004				
<u> </u>	(Signature of Lobbyist)	(Date)				
PART V AUTHORIZA	ATÍON TO LOBBY					
NAME		TLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
BENJAMIN SAGUIBO	I	SUSINESS MANAGER/SECRETARY-TREASURER				
NAME OF ORGANIZATION	(if applicable)	TELEPHONE				
	LOCAL 368,					
AFL-CIO		(808) 841–5877				
MAILING ADDRESS (Street)		FAX				
1617 PALAMA STREE	(808) 847–7829					
(City)	(State)	(Zip Code)				
HONOLULU	HAWAII	96817				
I hereby authorize	the above - named person to engage	in lobbying activities on behalf of the undersigned.				
2 λ						
Donjamin Do	g net	Tanuary 15, 200:				
(Signature of Authorizing Officer or Person Represented) / (Date)						